SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138



BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

#75 Refund: Date: Permit #: Amount Paid: 10.5-13 10.5-13 13-018° THE STATE OF THE S

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATION CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATION.

					Iviunicipai Use				☐ Commercial Use				X Residential Use	**			Proposed Use	ri oposed Coristi actioni	Existing Structure: (if permit being applied for is relevant to it)  Proposed Construction:	-				2500	\$ } }		of Completion * include donated time & material	Value at Time	Zwon-Shoreland	onoreiand —	T	Section 08	1/4,	LOCATION		Authorized Agent: (Pers	Selt	2420	Keint Land	TYPE OF PERMIT REQUESTED.
						<b>*</b>			ъ́				re				<u> </u>	IOI.	(if permit beir	1	Property		Relocate (existing bldg)	Conversion	☐ Addition/Alteration	□ New Construction	Project (What are you applying for)			☐ Is Property	☐ Is Property Creek or Land	, Township	1/4	Legal Description:		(Person Signing Application on behalf of Owner(s))		DeCh	Agn	UESTED—►
Other: (explain)	Conditiona	Special Us		Accessory	Accessory Building	Addition/Alteration	oH əlidoM	Bunkhous							Residence				ig applied for			ness on	xisting bldg)		lteration	ruction	ct pplying for)			/Land within	/Land within dward side of	S Z			- 1	cation on behalf			Knospe	X LAND USE
olain)	Conditional Use: (explain)	Special Use: (explain)		∑	Building (specify)	Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	**************************************			is relevant to it)		□ Foundation	1	1		3 1-Story + Loft	☐ 1-Story	# of Stories and/or basement			☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?   If yescontinue	N, Range 09		Lot(s)	_			756		SAN
				on/Alterati	ı	1	ed date)		Garage	*		<u>-</u>			ting shack, i		Propos	- rengui.	Length:		-	2		 	<u> </u>	≫ Se	ent			Pond or Flowage If yescontinue	, Stream (ind	W		CSM CSM	PIN: (23 digits	Agent Phone:	Contractor Phone:	Sam es	NS591	SANITARY II
	WHAT THE PARTY OF	***************************************		<b>on</b> (specify)		Jeck		□ sleeping quarters, <u>or</u>							etc.)	, , , , , , , , , , , , , , , , , , , ,	Proposed Structure	6	(A)		APPERE TANAHUM MANAGAMAN ANALAS A				Year Round	Seasonal	Use		***************************************	ntinue —	. Intermittent)	Bar		Vol & Page	)       (1)		ione:	5	ً دی	NY
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 					  -	_		ities)						_				60	د		Tollet	(w/servi		<u>ائ</u>		1	What Type of Sewer/Sanitary System is on the property?	<u>.</u>		horeline fe	horeline fe	# E SE		Subc	3 3 8	: City/State/2			****	SPECIAL USE
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	***************************************					OSH										Footage	Square	1			-Arabina	1			- X Well	□ City	Water			□ Yes ¾ No	Are Wetlands Present?	5+15	Rold to !	1040 Page(s) 8162	ty Ownership)	Written Authorization Attached No	1 one:	715-505-9685	715-235-9685	HER

Owner(s): \_\_ (If there are Authorized Agent: (If you are signing on behalf of the or FAILURE TO OBTAIN A PERMIT DESTAIN A DERMIT DESTAIN INCluding any accompanying information) had been examined accuracy of all information I (we) any (are) providing relying for this information I (we) am (are) providing smalled time for the purpose of inspection. And Deed All Owners must sign or letter(s) of authorization (Must accompany this application) ner(s) a letter of authorization must accompany this DESTARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

een examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the application) Date Date 5-80-13

Address to send permit Same

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Hold For Sanitary:

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APPLICATION FOR PERMIT Darte Stelling (Received) 1 5 2013

Bayfield Co. Zoning Dept.

Refund:		Amount Paid:	Date:	Permit #:	
	5-16-13	\$300	6.5.13	13-0119 (EMT	•

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

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		00	ds		□ Ac	□ Ac	□ Ac	 	ПВ			***************************************			-	□ Pri	`		ermit being ap		Property	☐ Run a Business on	Relocate (existing bldg)	Conversion	X New Construction  Addition/Alteration		Project tare you applying for)			Property/Lar	Property/Lar ek or Landwa	, Township	-	_ 1/4	Legal Description:	gning Application		Sand	Male 12	)
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NOLLYRISKOU UNILAVA		i — de la manda			on/Alteration (specify)	cify)	(specify)	ed date)	or □ sleeping quarters,	d Garage	X		- I.	MUSIC VOEWS	(i.e. cabin, hunting shack, etc.)	structure on property)	Proposed Structure	Length: 24		and the state of t		nt	Total District Transport of the Parket	-   \  - 	>ft ▼ Year Round		ent Use		If yescontinue	e, Pond or Flowage	, Stream (incl. Intermittent) If yescontinue	W	Town of:	CSM Vol & Page	04-004-2-45-09			Barnes Wi	City/State/Zip:	1.625 N M. K.
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TAMES OF CHILD IN DE			The state of the s						& food prep facilities)									Width: 2		None	☐ Compost Toilet		- 1	1	☐ (New) Sanitary		Sew		1001	cture is from Shoreline:	cture is from Shoreline :		- 5	Block(s) No.	-153-11000	Agent Mailing Address (include City/State/Zip):		73	South Range, W	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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The state of the s			)		)	<b>-</b>	}	_		)			740	200	) 576	)	Square Footage	2		***************************************				_	□ City		Water			∏ Yes	₽	1.243 +.448	- 1	mucides &	Volume 580 Page(s) 237	Written Authorization Attached  Yes XNo		Dimber Phone.	399-36/0	100 00 17

Owner(s):

at any reasonable time for the purpose of ins

CAMUS & CLARCE

JIE Owners: listed on the Deed All Ow

Authorized Agent:

(If you are signing 5928

ıg on behalf of the

er(s) a letter of authorization must acco

ust sign or letter(s) of authorization must accompany this application)

McKinley Rd

South Romail.

54874 If you recen application)

Attach

Copy of Tax Statement Copy of Tax St

Date

5-14-13

Address to send permit

Signature of inspector: Madae	Permit #:   Permit #:   Permit #:   Permit #:   Permit #:   Pes   Deed of Record	other previously surveyed corner or marked by a licensed surveyor at Prior to the placement or construction of a structure more than ten (one previously surveyed corner to the other previously surveyed cornmarked by a licensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Loc NOTICE: All Land Use For The Construction Of New O The io	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)  Description  Description  Setback from the Centerline of Platted Road  Setback from the Established Right-of-Way  Setback from the South Lot Line  Setback from the West Lot Line  Setback from the East Lot Line  Setback to Septic Tank or Holding Tank  Setback to Privy (Portable, Composting)  Setback to Privy (Portable, Composting)		(1) Show Location of: (2) Show Location of: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For TBA:   Hold For Affidavit:   Hold For Fees:	Mitigation Required (s))  No Mitigation Attached Mitigation Attached Mitigation Attached Mitigation Attached Mitigation Attached Mitigation Attached by Previously Granted by Were Property Lines  Dyes I No -(If No they need to be attached)	s) of Ne Expire C Avo Familtan, Villag Nn, Villag Sanitan Reason	(prior to continuing)  Changes in plans must be approved by red to the closest point)  Measurement  Measurement  Measurement  Setback from the Lake (ordinary high-water mark)  Feet  Setback from the River, Stream, Creek  Setback from the Bank or Bluff  Setback from Wetland  Feet  Setback from Wetland  Feet  Setback from 20% Slope Area  Elevation of Floodplain  Elevation of Floodplain  Feet  Setback to Well  Feet  Setback to Well  Feet  Setback from which the setback must be measured must be visible from which the setback must be measured must be visible from which the setback must be measured must be visible from which the setback must be measured must be visible from which the setback must be measured must be visible from which the setback must be measured must be visible from which the setback must be wisible from which must be wisible from which the setback must be wisible from which the setback must be wisible from which which must be wisible from which must b	See atacked	Draw or Sketch your Property (regardless of what you are applying for)  ow Location of:  Proposed Construction  Proposed Construction  North (N) on Plot Plan  ow Location of (*):  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  ow:  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or  ow any (*):  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  ow any (*):  (*) Wetlands; or (*) Slopes over 20%
Date of Appgoral; 3	□ Yes XNo □ Yes XNo □ Affidavit Required □ Yes XNo   Affidavit Attached □ Yes XNO   Affidavit Required □ Yes XNO   Affidavit Required □ Yes XNO   Affidavit Required □ Yes XNO   □ No   No   No   No   No   No   No   No	from which the setback must be measured must be visible from hin 500 feet of the proposed site of the structure, or must be dolding Tank (HT), Privy (P), and Well (W).  For Use has not begun.  The Uniform Dwelling Code.  Thirts.  Sanitary Date: 1-17-13	must be approved by the Planning & Zoning Depti		(HT) and/or (*) Privy (P)

James E. Sandra J. Waletzko 5928 S. Mc Kinley Rd. South Range, W1 #54874 Ph. 715 -399 - 8670 Island Lake Elect. Privy Top Well BH >A ×85. 241 Rasmussen 1000 w/ Ovenco filter

Legal: Bayfield Co., Barnes Twp PIN 04-004-2-45-09-17-2 00-153-11000 5 17 T45N R 09W Commanche Add. to Potawatomi Lt 14 # 2346 site: 56005 E. Island Dr.

#56005 E - drive -ABM 100'-TOP of Well B1, 97.8' 2. 96.64 3. 97.99' 7 Soils, syst elev. 93.5' (max range 90.99' - 94.5') Lake NHWH ±85' -(2) 3' x 45' cells w/ E-Z Flow (9 units) MP#221516

\* note: Mile Furtel, AZA established NHW Mark & 75' setback per owner.

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## APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #: Date: Refund: Amount Paid: がい \$75 5313 6  $\tilde{a}$ CHIRED

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. YIELD TO. 46WIDQUEDTO THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

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Page 4 and	-	×	-	- Additional Community of the Community		- White	Conditional Use: (explain)	Condition		三 三 フ オ う う	
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Xwell	ì	Specify Type:		☐ (New) Sanitary	□ 2	Year Round	"□ 1-Story + Loft	ة ↓	Addition/Alteration		
☐ City			ţ	☐ Municipal/City	1	☐ Seasonal	★ 1-Story	ruction	New Construction	Marchar X.1	
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Present?	IS Property in Floodplain Zone?	Floodpi	_ feet		Contract on	s-continue	Lis Property/Land within 300 feet of Kiver, Suledit (incl. inermitten) Creek or Landward side of Floodplain?  If yes—continue—	ward side of	s Property, eek or Land	<u>د</u> ا	1000
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To. P.E		SING BAS	SKAGENS SKAGENS	o. Block(s) No. S	Lot(s) N	1 Vol & Page	ot Lot(s) CSM	Gov't Lot	1/4	1/4,	I
(s) 497	S37 Page(s) 46	S27	Volume _	0000	45-09-08-3	04-C04-2-45-09	(Use Tax Statement) PIN: (2		Legal Description:	PROJECT LEE	
Written Authorization Attached  Yes   No	Attached		ate/2ip):	lude City/St	gent Mailing A	Agent Phone: A		(Person Signing Application on behalf of Owner(s))	igning Applica	Authorized Agent: (Person :	
Phone:	Plumber Phone:	, and		, and the second	Plumber:	-2	contra 796	> ~	1165561	rke	- 1. I
				54873	) H S	Barnes L	جه المالية	5 D	<u> </u>	Address of Property:	
733-0274 Cell Phone:	733-	0	558	Juluth, MN	· ————————————————————————————————————	Tuy DR		( Johes	MUN	Shawn Mc	1
DTHER (X)	B.O.A. OTHER	□ 8.0	LUSE	ONAL USE SPECIAL USE City/State/Zip:	☐ CONDITIONAL USE	□ PRIVY	JSE SANI	X LAND USE	STED -	TYPE OF PERMIT REQUESTED	. 1

Address to send permit 37 TVY

DR, Doloth

55810

Authorized Agent: \_

(If you are signing on behalf of the

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ter of authorization must Z Z

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Date U

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Date

5-28-13

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Tower Description that the permit it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

ple Owners listed on the Deed <u>All</u> Owners must sign <u>or</u> letter(s) of authorization must accompany this application)

Signature of Inspector. Many dutal Hold For TBA:	May not be used for human in	The Meta all	Was Parcel Legally Created   Was Parcel Legally Created   X Yes □ No   Was Proposed Building Site Delineated  X Yes □ No	Is Parcel in Common Ownership   Deves (Fused/Contiguous Lot(s)) Is Structure Non-Conforming   Yes   Ye	¥ Yes	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Location(s  NOTICE: All Land Use Permits  For The Construction Of New One & Tv  The local Tow	Prior to the placement or construction of a structure more than ten (10) feet by me previously surveyed corner, or ver marked by a licensed surveyor at the owner's expense.	Setback to Drain Field  Setback to Privy (Portable, Composting)  Prior to the placement or construction of a structure within ten (10) feet of the mini other previously surveyed corner or marked by a licensed surveyor at the owner's en	to Septi	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)	10057		3040		Show any (*):	e: of (*):
Hold For Affidavit: ☐ Hold For Fees: ☐	indected by M. T. W.M.L.  ned? "I Yes "No - (If No they need to be attached.)  n Madritation,  in Structury.		Represented by Ow Was Property Surve	INO Witigation Attached Yes No No Previously Granted by Variance (B.O.A.)	Permit Date: 6-5-/3  One Mitigation Required Oyes	Sanitary Number:  Reason for Denial:	ction, Septic Tank (ST), Dra ir from the Date of Issuance i :: ALL Municipalities Are Req ate or Federal agencies may a	Prior to the placement or construction of a structure more than ten (1.0) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the prop marked by a licensed surveyor at the owner's expense.	Feet Feet Promise from which the setback must be measured must be er's expense.	40+ Feet Setback to Well	150+ Feet Setback from Wetland 200+ Feet Setback from 20% Slope Area 70+ Feet Elevation of Floodplain	60+ Feet Setback from the Lake (ordinary high-water mark)  60+ Feet Setback from the River, Stream, Creek  Setback from the Bank or Bluff	ment	Pine Chip De.	90 Y	ENTER COS	De Calin	ROOM 12X 16	ls; or (*) Slopes over 20%	North (N) on Plot Plan  (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
Date of Applyoval 5-73		Zoning District (R-) Lakes Classification (NH) Date of Re-Inspection:		Affidavit Attached Tyes QNo	□Yes	sanitary vare:	ank (HT), Privy (P), and Well (W).  as not begun.  ifform Dwelling Code.	the setback must be measured must be visible from t of the proposed site of the structure, or must be	ist be visible from one previously surveyed corner to the	i∂∂r Feet		ater mark)	V	Changes in plans must be approved by the Planning & Zoning Dept	OFR				. G	nd/or (*) <b>Privy</b> (P)

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

BAYFIELD COUNTY, WISCONSIN

Permit #: Amount Paid: 805 C.C. 00/0/20 (S) 4-12-13 

HOW TO I FILL OUT THIS APPLICATION (VISIT OUT WEDSILE WWW.Paymenan	IS APPLICATIO			TO ADDITION TO ADDITION TO ADDITION TO
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PROJECT   Commercial Use   D. SANTENNY   D. CONTINUAL USE   T. SECAL USE   C. B.C.A.   D. OHER	cnowledge that I (vaccept liability who have access to	nd complete. I (we) ack permit. I (we) further ing county ordinances in the county ordinance in the county o	PENALTIES true, correct au ether to issue a /ith administeri	WIT WILL RESULT IN F nowledge and belief it is unty in determining whe unty officials charged w	N WITHOUT A PERI he best of my (our) kr upon by Bayfield Co . I (we) consent to co	ARTING CONSTRUCTION amined by me (us) and to thing and that it will be relied in or with this application.	TO OBTAIN A PERMIT or ST. inving information) has been extracted and (are) providing the control (we) am (are) providing the control (we) am (are) providing the control (we) am (are) providing the control (we) among the control (we) are control	FAILURE Including any accomp In (including any accomp II) and accuracy of all inf Ity relying on this infor reasonable time for the	at this application ible for the deta of Bayfield Cour property at any i	I (we) declare the am (are) respons may be a result above described
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Conditional USE   Special USE   B.O.A.   OTH Idress:   City/State/Zip:   City/State/Zip:   Telephone:   7/5 - 265    -2 - 45 - 08 - 24 - 40 4 - 220   Volume   856   Page(s)    -2 - 45 - 08 - 24 - 40 4 - 220   Volume   856   Page(s)    -3 - 45 - 08 - 24 - 40 4 - 220   Volume   856   Page(s)    -4 - 45 - 25 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 40 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 20 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 20 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 20 4 - 220   Volume   856   Page(s)    -5 - 5 - 5 - 25 - 24 - 20 4 - 220   Volume   856   Page(s)    -5 - 5 - 25 - 24 - 20 4 - 220   Volume   856   Page(s)    -5 - 5 - 25 - 24 - 20 4 - 220   Page(s)   Page(s)    -5 - 5 - 25 - 24 - 20 4 - 20 4 - 20 4 - 20 4   Page(s)   Page(s		□ Yes ⊠ No	eline : feet		Distance Struc	1	1000 feet of Lake, Pond	perty/Land within	<b>▼</b> □ Is Pro	☐ Shoreland —
JPRIVY  ddress:  CORS W  VOI & P  Voi & P  Town off  Town off		ls Property in Floodplain Zone?	*		Distance Struc	m (incl. Intermittent)	300 feet of River, Strea	perty/Land within	☐ Is Pro	
IPRIVY Idress:  Corollor  Vizip:  France:  France:  France:  Vol & Pa  Vol & Pa  Vol & Pa	080	1	500		Tes			15	=	
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PRIVY			Ŋ	1	City/st	Address:		>		Owner's Name:
	OTHER	3	100		ONDITIONAL	PRIVY	USE D SANITARY	→ X LAND	EQUESTED	TYPE OF PERMIT R

Owner(s): You

listed on the Deed All Owr

BL MeCle CTU must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the

Address to send permit

962

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V 4013

Attach
Copy of Tax Statement V
If you recently purchased the property send your Recorder

rded Deed

r(s) a letter of

authorization mu

application)

Date

(9) Stake or Mark Proposed Location(s) of New Construction Packs its same if Construction or Use has not begun.  NOTICE: All land Use Permits Expression for the Uniform Dwelling Code.  NOTICE: All land Use Permits Expression for the Uniform Dwelling Code.  For The Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  It is part of Deficient to the Work one & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  It is part of Deficient to the Work one & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling: All Municipalities Are Required To Federal agencies may also require permits.  From the Indian County Use Only)  Sanitary Number: 400 Welling: All Municipalities Are Required To Federal agencies may also require permits.  From the Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Federal agencies may also require permits.  Sanitary Number: 400 Welling: All Municipalities Are Required To Federal agencies may also require permits.  From the Construction One Permits.  From the Construction One Permits.  Sanitary Number: 400 Welling: All Municipalities Are Required To Federal agencies may also require permits.  From the Construction One Permits.  From the Constructi	ad by the P	Proposed Construction  (2) Show Location of: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (7) Show any (*): (8) Show any (*): (9) Show any (*): (10) Show any (*): (11) Show any (*): (12) Show Location of: (13) Show Location of (*): (14) Show Location of (*): (15) Show: (16) Show any (*): (17) Show any (*): (18) Proposed Construction (18) North (N) on Plot Plan (19) Frontage Road (Name Frontage Road)
Ing Code.  VDate: G - 26-03  Required   Yes	Weasurement  Weasurement  Weasurement  Feet Feet Feet Feet Feet Feet Feet	: